

Exhibit A

Morrison + Foerster LLP

Here are the documents needed
to support the claim Doc 6448
Claimant Alfredia Holiday who is
now deceased, The reason for
not responding in a timely matter.
I am sending these documents
on behalf of Alfredia Holiday
and as his executor of his Estate
deceased (Oct 20, 2013)

respectfully submitted
Estate of Alfredia Holiday (executor) Brandi Hayes
1606 Sheridan 1606 Sheridan
Saginaw, MI 48601 (989) 213-8101

In re RESIDENTIAL CAPITAL, LLC, et al. (CASE NO. 12-12020 (MG)) (JOINTLY ADMINISTERED)

FIFTY-NINTH OMNIBUS OBJECTION TO CLAIMS (INSUFFICIENT DOCUMENTATION BORROWER CLAIMS)

	Name of Claimant	Claim Number	Date Filed	Claim Amount	Asserted Debtor Name	Asserted Case Number
1	Alfredia Holiday 3350 Williamson Rd. Saginaw, MI 48601	1661	10/24/2012	\$0.00 Administrative Priority \$0.00 Administrative Secured \$0.00 Secured \$0.00 Priority \$96,000.00 General Unsecured	GMAC Mortgage, LLC	12-12032
2	Annie Trammell 7494 County Road 278 Roanoke, AL 36274	4419	11/09/2012	\$0.00 Administrative Priority \$0.00 Administrative Secured \$80,000.00 Secured \$0.00 Priority \$0.00 General Unsecured	GMAC Mortgage, LLC	12-12032
3	Barbara Ann White PO Box 9001719 Louisville, KY 40290-1719	5743	11/19/2012	\$0.00 Administrative Priority \$0.00 Administrative Secured \$131,455.97 Secured \$0.00 Priority \$0.00 General Unsecured	Residential Capital, LLC	12-12020
4	BUDELIS, LOUISE M 2594F S ARLINGTON MILL DR GROUND RENT ARLINGTON, VA 22206	731	09/25/2012	\$19.00 Administrative Priority \$0.00 Administrative Secured \$0.00 Secured \$0.00 Priority \$0.00 General Unsecured	Residential Capital, LLC	12-12020
5	Charlene M. Butler 19201 N.W. 11 Ave Miami, FL 33169	6326	12/06/2012	\$0.00 Administrative Priority \$0.00 Administrative Secured \$40,000.00 Secured \$0.00 Priority \$0.00 General Unsecured	Residential Capital, LLC	12-12020

**THIS IS A NOTICE REGARDING YOUR CLAIM. YOU MUST READ IT
AND TAKE ACTION IF YOU DISAGREE WITH THE OBJECTION.**

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:)	
)	Case No. 12-12020 (MG)
RESIDENTIAL CAPITAL, LLC, <u>et al.</u> ,)	
)	Chapter 11
Debtors.)	
)	Jointly Administered

**NOTICE OF HEARING ON THE RESCAP BORROWER CLAIMS TRUST'S
FIFTY-NINTH OMNIBUS OBJECTION TO CLAIMS (INSUFFICIENT
DOCUMENTATION BORROWER CLAIMS)**

Alfredia Holiday


Proposed Claim(s) to be Disallowed and Expunged				Reason for Disallowance
Claim No(s); Date Filed	Debtor	Classification	Amount	Insufficient Documentation
1661 10/24/12	GMAC Mortgage, LLC	Administrative Priority	N/A	
		Administrative Secured	N/A	
		Secured	N/A	
		Priority	N/A	
		General Unsecured	\$96,000.00	

PLEASE TAKE NOTICE that, on February 7, 2014, the ResCap Borrower Claims Trust (the “**Trust**”), as successor in interest to the Debtors¹ in the above-captioned Chapter 11 cases, filed its *Fifty-Ninth Omnibus Objection to Claims (Insufficient Documentation Borrower Claims)* (the “**Objection**”) with the United States Bankruptcy Court for the Southern District of New York (the “**Bankruptcy Court**”). The basis for the claim objection applicable to you is identified in the table above in the column entitled “**Reason for Disallowance**”.

The Objection requests that the Bankruptcy Court expunge, and/or disallow one or more of your claims listed above under PROPOSED CLAIM(S) TO BE DISALLOWED AND EXPUNGED on the ground that the claim(s) is a Borrower Claim with Insufficient

¹ A list of the debtors in these Chapter 11 cases (the “**Debtors**”), along with the last four digits of each Debtor’s federal tax identification number, is available on the Debtors’ website at <http://www.kccllc.net/rescap>.

Mortgage Interest Statement FORM 1098(Keep for your records)

RECIPIENT'S/LENDER'S Name, Street Address, City, State, and ZIP Code GMAC MORTGAGE CORPORATION 3451 HAMMOND AVE WATERLOO IA 50702 800-766-4622		Copy B For Payer The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return. <i>* Caution. The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.</i> Department of the Treasury - Internal Revenue Service		
PAYER'S/BORROWER'S Name (first, middle, last), Street Address, City, State, and ZIP Code <small>861098 12/09/04 13:32 0050597 20050111 DA026116/1098 I 02 DOM DA02610000- 146316 PD</small> #BWNHJPV #KW06678J49205#  ALFREDIA HOLIDAY CHERYL A. HOLIDAY 3217 CARTER SAGINAW MI 48601-4053		RECIPIENT'S Federal I.D. Number 23-1694840	PAYER'S Social Security Number 369-54-3577	OMB No. 1545-0901 IRS REPORTING YEAR 2004
		1. Mortgage Interest received from Payer(s)/Borrower(s)* \$ 3,110.96		2. Points paid directly by Payer(s)/Borrower(s) on purchase of principal residence \$ 0.00
		3. Refund of Overpaid Interest (see box 3 on back) \$ 0.00		4. Real Estate Taxes Paid \$ 0.00

STATEMENT OF ACCOUNT THROUGH 12-31-2004
 ACCOUNT NUMBER: 0544400609
 PROPERTY LOCATION:
3217 CARTER
SAGINAW MI 48601

INTEREST PAID DURING 2004: 3,110.96
 HAZARD INSURANCE PAID IN 2004: 0.00
 INTEREST ON ESCROW 2004: 0.00
 ESCROW INTEREST WITHHELD 2004: 0.00
 PRIOR YEAR PREPAID INTEREST: 0.00

DATE OF TRANSACTION	TRANS	DISTRIBUTION OF TRANSACTION				PRINCIPAL BALANCE	ESCROW BALANCE
		PRINCIPAL	INTEREST	ESCROW	MISC		
01-09-04	RECEIPT	0.00	0.00	0.00	228.86	61,351.47	0.00
01-23-04	RECEIPT	0.00	0.00	0.00	228.85-	61,351.47	0.00
01-23-04	PAYMENT	131.78	325.93	0.00	0.00	61,219.69	0.00
01-23-04	PRIN CURTAIL	0.01	0.00	0.00	0.00	61,219.68	0.00
01-23-04	RECEIPT	0.00	0.00	0.00	0.01-	61,219.68	0.00
02-06-04	RECEIPT	0.00	0.00	0.00	228.86	61,219.68	0.00
02-20-04	PAYMENT	132.48	325.23	0.00	228.85-	61,087.20	0.00
02-20-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	61,087.19	0.00
03-05-04	RECEIPT	0.00	0.00	0.00	228.86	61,087.19	0.00
03-19-04	PAYMENT	133.18	324.53	0.00	228.85-	60,954.01	0.00
03-19-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	60,954.00	0.00
04-02-04	RECEIPT	0.00	0.00	0.00	228.86	60,954.00	0.00
04-16-04	PAYMENT	133.89	323.82	0.00	228.85-	60,820.11	0.00
04-16-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	60,820.10	0.00
04-30-04	PRIN CURTAIL	228.86	0.00	0.00	0.00	60,591.24	0.00
05-14-04	RECEIPT	0.00	0.00	0.00	228.86	60,591.24	0.00
05-28-04	PAYMENT	135.82	321.89	0.00	228.85-	60,455.42	0.00
05-28-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	60,455.41	0.00
06-11-04	RECEIPT	0.00	0.00	0.00	228.86	60,455.41	0.00
06-25-04	RECEIPT	0.00	0.00	0.00	228.86	60,455.41	0.00
06-29-04	PAYMENT	136.54	321.17	0.00	457.71-	60,318.87	0.00
06-29-04	PRIN CURTAIL	0.01	0.00	0.00	0.01-	60,318.86	0.00
07-09-04	RECEIPT	0.00	0.00	0.00	228.86	60,318.86	0.00
07-23-04	RECEIPT	0.00	0.00	0.00	228.86	60,318.86	0.00
07-29-04	PAYMENT	137.27	320.44	0.00	457.71-	60,181.59	0.00
08-06-04	RECEIPT	0.00	0.00	0.00	228.86	60,181.59	0.00
08-20-04	PAYMENT	138.00	319.71	0.00	228.85-	60,043.57	0.00
08-20-04	PRIN CURTAIL	0.02	0.00	0.00	0.02-	60,043.57	0.00
09-27-04	FEE ASSESSED	0.00	0.00	0.00	20.00	0.00	0.00
10-04-04	PAYMENT	138.73	318.98	0.00	0.00	59,904.84	0.00
10-21-04	PAYOFF	59,904.84	209.26	581.60	0.00	0.00	581.60
10-21-04	FEE PAID	0.00	0.00	0.00	20.00	0.00	0.00
11-08-04	MISC DISB	0.00	0.00	581.60-	0.00	0.00	0.00

1. DECEDENT'S NAME (First, Middle, Last) Alfredia Holiday		2. DATE OF BIRTH October 25, 1953		3. SEX Male		4. DATE OF DEATH October 20, 2013	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS				6a. AGE- Last Birthday (Years) 59		6b. UNDER 1 YEAR MONTHS DAYS	
7a. LOCATION OF DEATH St Marys of Michigan				7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Saginaw		7c. COUNTY OF DEATH Saginaw	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Saginaw		8c. LOCALITY Saginaw		8d. STREET AND NUMBER 3350 Williamson Road	
9e. ZIP CODE 48601		9. BIRTH PLACE Saginaw, Michigan		10. SOCIAL SECURITY NUMBER 369-54-3577		11. DECEDENT'S EDUCATION Master's degree	
12. RACE Black		13a. ANCESTRY African-American		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No	
15. USUAL OCCUPATION Skilled Trades		16. KIND OF BUSINESS OR INDUSTRY Automotive		17. MARITAL STATUS Divorced		18. NAME OF SURVIVING SPOUSE	
19. FATHER'S NAME (First, Middle, Last) Pressie Pentress				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Odesa Ray			
21a. INFORMANT'S NAME Brandi Hayes		21b. RELATIONSHIP TO DECEDENT Daughter		21c. MAILING ADDRESS 1606 Sheridan Avenue, Saginaw Michigan 48601			
22. METHOD OF DISPOSITION Burial		21a. PLACE OF DISPOSITION Forest Lawn Cemetery		23b. LOCATION - City or Village, State Saginaw, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Alonzo L. Betts		25. LICENSE NUMBER 4501006060		26. NAME AND ADDRESS OF FUNERAL FACILITY Evans & Browne's Funeral Home, 441 N. Jefferson Avenue, Saginaw, Michigan 48607			
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner stated <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Nikola Kinachtchouk, M.D. Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH 10:35 PM		28b. PRONOUNCED DEAD ON October 20, 2013		28c. TIME PRONOUNCED DEAD 10:35 PM	
27b. DATE SIGNED October 21, 2013		27c. LICENSE NUMBER 065669		29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Hospital	
31. IF HOSPITAL Inpatient		32. MEDICAL EXAMINER'S CASE NUMBER 2013-685		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Nikola Kinachtchouk, M.D., 4705 Towne Centre, Suite 102, Saginaw, Michigan 48602				35a. REGISTRAR'S SIGNATURE <i>Susan Kattenbach</i>			
35b. DATE FILED October 28, 2013							
36. PART I. ENTER the chain of events, diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that followed the events leading to death) LAST. a. Intracerebra Bleeding b. HTN c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I						Approximate Interval Between Onset and Death Days Years	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION	

STATE OF MICHIGAN }
 COUNTY OF SAGINAW }

I, SUSAN KALTENBACH, Clerk of said County of Saginaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent record of the Saginaw County Clerk's Office.

WITNESSED the Seal of said court and county on this date:

OCT 30 2013

A.D.

SEAL

SP00852692

SAGINAW COUNTY CLERK

VRHDS11 (12/12) Authority: MCL 333.3301



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF SAGINAW

LETTERS OF AUTHORITY FOR
PERSONAL REPRESENTATIVE

FILE NO.

13-131242-DE

Estate of Alfreda Holiday

- deceased

TO:

Name and address

Brandi V. Hayes
1606 Sheridan
Saginaw, MI 48601

Telephone no.

989-231-8101

You have been appointed and qualified as personal representative of the estate on DEC 23 2013. You are authorized to perform all acts authorized by law unless exceptions are specified below.

☐ Your authority is limited in the following way:

- ☐ You have no authority over the estate's real estate or ownership interests in a business entity that you identified on your acceptance of appointment.
- ☐ Other restrictions or limitations are:

☒ These letters expire: N/A
Date DEC 23 2013

Date

Patrick J. McCreary
Judge (formal proceedings)/Register (informal proceedings)

Bar no.

SEE NOTICE OF DUTIES ON SECOND PAGE

Brandi V. Hayes

In Pro Per

Attorney name (type or print)

Bar no.

1606 Sheridan

Address

Saginaw, MI 48601

13
989-231-8101

Telephone no.

City, state, zip

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

Date

Rafael Cruz
Deputy register

Do not write below this line - For court use only